

Addendum to Strategic Plan
July 17, 2003

During the Division Directors Meeting in San Antonio, Texas, a progress review of the Strategic Plan was conducted on March 4, 2003. Because some of the objectives were viewed as more critical than others, and little progress had been made on most, the Directors decided to prioritize the objectives and focus only on those they considered critical for the immediate future and those that showed potential for progress. Three objectives were added. The following is an updated list of the objectives. Those not listed here will be addressed after progress has been made on these critical items.

Strategic Initiative 1: Maximize the utilization of available resources by optimizing the integration and coordination of program activities and the accountability of program resources.

There are a variety of resources within the government that are available to Tribes, however these resources are sometimes difficult to identify and efforts are sometimes duplicated among two or more agencies. Furthermore it is understood that the EHS program of the Indian Health Service lacks the resources and the legislative authorities to provide all of the services that will be required to adequately meet the needs of American Indian and Alaska Native communities. This initiative will be targeted toward enhancing Tribal access to IHS and other governmental resources and promoting more effective coordination between the agencies and the Tribes to prevent the duplication of effort and wasting of resources.

GOAL 1. Review internal management structures of the IHS environmental health services program to optimize the ability of the program to provide services to the Tribes.

Objective 1.2 By October 1, 2003, identify a contractor to undertake an external evaluation of EHS program management and policy development procedures.

Objective 1.3 By September 30, 2003, develop and begin distribution of an inventory of all environmental health resources that are available to the Tribes that provides a description of the services and a point of contact.

Objective 1.4 By June 30, 2004, review all existing Interagency Agreements that involve the Environmental Health Services program to eliminate those that no longer support the program mission and enact other agreements that are needed.

GOAL 2. Establish a formal process to facilitate program collaboration among the Tribes and federal programs.

Objective 2.2 By September 30, 2005, establish advisory groups in each area to facilitate program integration and collaboration.

Strategic Initiative 2: Maximize the recruitment, retention, and development of environmental health program staff.

GOAL 1. Promote the career growth and professional development of Environmental Health Services program staff.

Objective 1.1 By December 31, 2003, conduct a continuing education needs assessment for all IHS field staff.

Objective 1.2 By December 31, 2004, establish formal mid and upper level management training internships that include rotations through a variety of IHS and Tribal environmental health programs.

Objective 1.3 By June 30, 2004, develop a plan for a formal fellowship program in environmental health practice and epidemiology that will be open to all IHS and Tribal environmental health staff.

GOAL 2. Establish a system to effectively market career opportunities among AIAN youth that will enable the program to increase the total numbers of AIAN field staff.

Objective 2.1 By May 31, 2004, establish formal relationships with accredited universities to enhance the recruitment of AIAN students.

Strategic Initiative 3: In collaboration with Tribal communities, identify critical environmental health needs in American Indian and Alaska Native communities and use the data to develop a congressionally funded budget initiative.

GOAL 1. Conduct environmental health needs assessments in every AIAN community.

Objective 1.1 By October 1, 2004, develop and field test a community assessment instrument.

GOAL 2. Develop a comprehensive data system to promote the surveillance, analysis and control of community environmental health conditions.

Objective 2.1 By June 1, 2004, identify the core data set that will be needed to track community environmental health conditions.

Objective 2.2 By June 1, 2005, have a comprehensive data management system in place to track community environmental health conditions.

GOAL 3. Secure congressional and other funding to support the unmet environmental health need in AIAN communities.

Objective 3.1 Continue efforts to introduce language into the Indian Health Care Improvement Act that authorizes the Environmental Health Services Program. (New objective)

Objective 3.2 Area and headquarters Environmental Health Services programs will continue to seek congressional funding, but will also seek alternate funding sources to address unmet need. (New objective)

Strategic Initiative 4: Develop a system to market the successes and capabilities of the Environmental Health Services program.

GOAL 1. Develop and implement a marketing plan to share successes and generate a passion for environmental health among the Tribes and within the IHS.

Objective 1.2 By September 1, 2003, establish linkages to each Area web site upon which each Area EHS program can highlight information of local significance.

Objective 1.3 By October 1, 2003, develop a variety of electronic, video, and printed materials that can be used to market the environmental health services program at local, national and international meetings.

Objective 1.4 By September 1, 2003, identify best practices in environmental health. (New objective)

GOAL 2. Increase environmental services program visibility at the national, area and local levels.

Objective 2.1 By December 1, 2003, develop a plan to exhibit environmental health services program information at national professional and tribal meetings, such as the National Environmental Health Association, the National Indian Health Board, the American Public Health Association, etc.

Conclusion

Since the inception of the environmental health program within the IHS in 1960, noteworthy achievements have been accomplished through the unified efforts of environmental health practitioners in the IHS, Tribes, and other federal agencies working together. The infant mortality rate has dropped significantly, due in part to basic environmental health improvements. Similar reductions have been seen in the area of injury prevention, where the efforts of IHS and Tribal/Corporation EHS staff in a variety of injury prevention initiatives have been instrumental in reducing injury related hospitalizations by 25% since 1988. Much has been done, but much remains. We have begun a great work which will neither be easily completed nor quickly dispatched. Our greatest work is yet before us.